



AGENDA ITEM 11: POLICY CYCLE DEVELOPMENT

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April 4, 2019

Today's Presentation

- Review relevant policy changes.
- Discuss the purpose of proposing a policy cycle.
- Review preliminary considerations.
 - Staff are presenting this item for discussion today.
 - Staff will present this item for action at the policy meeting.

Song-Brown Criteria Guiding Principles

1. Keep it simple, yet impactful.
 - *For the applicant*
 - *For staff*
 - *For validation*
2. Promote transparency.
 - *Evaluate one component at a time*
 - *Articulate clear expectations*
 - *Provide a comprehensive understanding of the program*

Song-Brown Goals

- Getting providers to *areas* where there is a shortage (areas of unmet need).
- Having providers serve *populations* in need (un/underserved populations).
- Providing primary care.
- Developing a diverse healthcare workforce.

Staff Analysis

- Reviewed the previous two years of Commission policy decisions related to:
 - Evaluation criteria
 - Scoring methods
 - Funding levels
 - Creating various ad hoc subcommittees and stakeholder workgroups
- Reviewed recognized models for continuous quality improvement.
- Reviewed options for developing a policy cycle that:
 - Enables OSHPD staff to analyze program outcomes
 - Empowers the Commission to make data-driven decisions
 - Engages stakeholders in a transparent process

Commission Policy Decisions: PCR

- January 18-19, 2017 FNP/PA Funding Meeting
 - Adopted quantitative scoring methodology.
 - Approved using the average score for programs with missing graduate data.
- November 28-29, 2017 PCR Funding Meeting
 - Removed evaluation criteria 2.2 (providing primary care five-years post-residency) for FY 2017-18 award cycle.
 - Requested a stakeholder workgroup to evaluate data validation and develop outcome measures.
- January 10, 2018 FNP/PA Funding Meeting
 - Revised application question for evaluation criterion 2.2. for FY 2018-19 award cycle.
 - Is the graduate a primary care physician providing primary care in an ambulatory care setting five-years post-residency to a panel of patients?
 - Created two sub-committees to report on outcome measures and evaluation criteria 2.4 (payer mix).

Commission Policy Decisions: PCR (continued)

- February 27-28, 2018 RN Funding Meeting
 - Clarified FY 2018-19 award levels and funding structures for New Programs.
 - Maximum award amount \$800,000.
 - Programs can only receive New Programs funding one time.
 - Programs will not receive funding until accredited.
 - Programs may not apply for both New and Existing Programs funding.
 - Modified FY 2018-19 award levels and funding structures for Expansion Programs.
 - Updated PCR expansion slots definition to add that slots need to be a categorical PCR position, as defined by ACGME.
 - Adjusted the maximum funding amount to \$300,000 per three year-cycle or \$100,000 per resident, per year, for three residents maximum.
 - Adopted updated Primary Care Shortage Areas.

Commission Policy Decisions: PCR (continued)

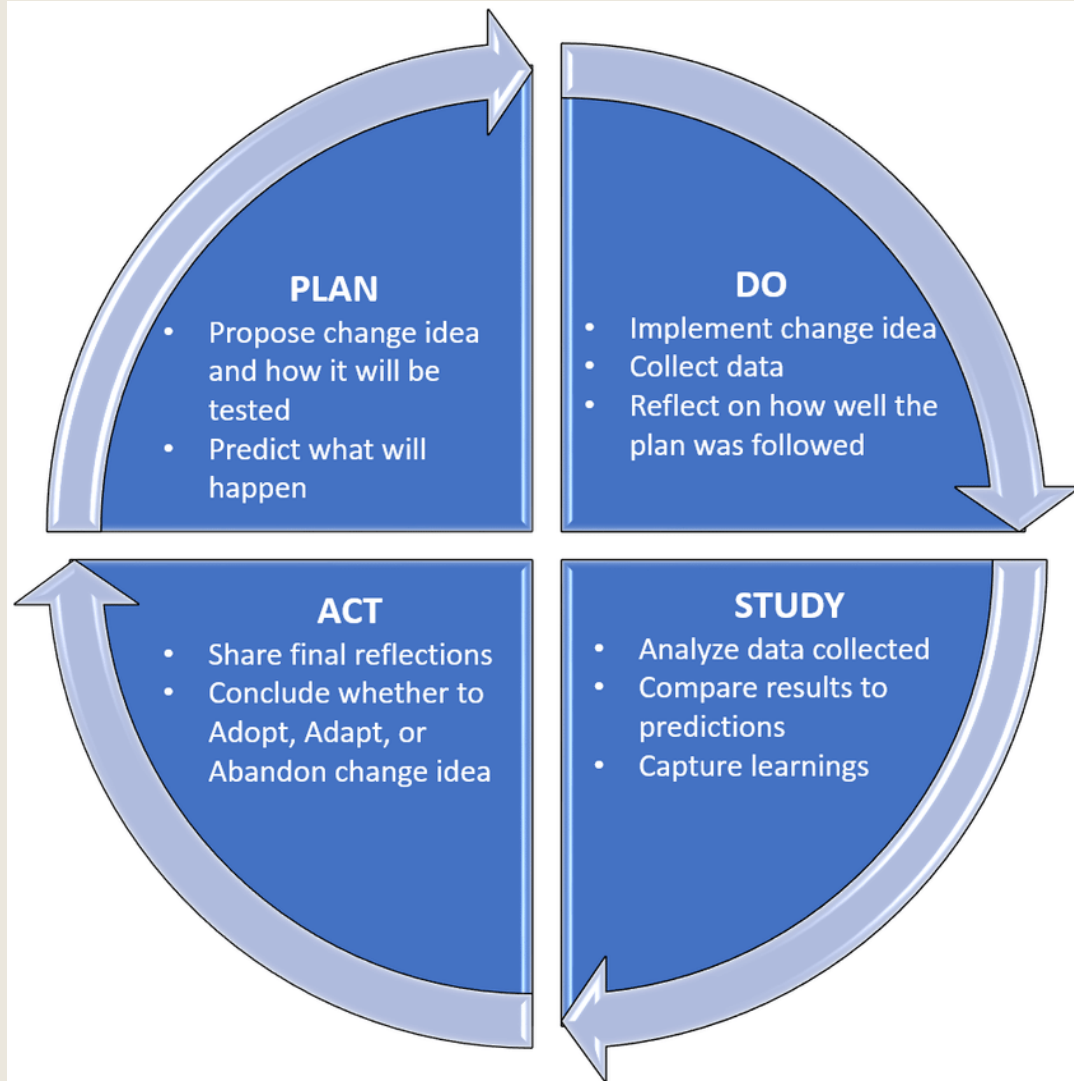
■ June 13-14, 2018 Policy Meeting

- Clarified evaluation criteria 2.4 (payer mix) based on subcommittee recommendation and stakeholder feedback.
 - Include only three categories for payer mix (Medi-Cal, Medi-Medi, and Uninsured), and add instructions indicating the total does not need to equal one hundred percent.
 - Revise question to read “Identify the main Primary care continuity clinic site at which your residents serve their dedicated panel of patients and state the payer mix for this site.”
- Directed staff to contact residency programs to determine the feasibility of collecting environmental/economically disadvantaged data.
- Directed staff to conduct stakeholder outreach in developing specific recommendations for areas of unmet need.
- Approved and adopted the outcome measures recommended by the subcommittee:
 - Number of clinical hours and unduplicated visits
 - Number and location of sustained slots
 - Number and location of new slots
 - Number of programs in rural, urban, and frontier areas

Commission Policy Decisions: FNP/PA and RN

- May 25, 2017 Policy Meeting
 - Adopted quantitative scoring methodology for FNP/PA and RN applications.
- February 27-28, 2018 RN Funding Meeting
 - Created a one-time exception to award RN Special Programs funding to a program not approved by the BRN.
 - Adopted updated Registered Nurse Shortage Areas.
- January 24, 2019 FNP/PA Funding Meeting
 - Created subcommittee to explore RNSA methodology, and consult with Dr. Joanne Spetz of the Healthforce Center at the University of California, San Francisco.
 - Created subcommittee to analyze FNP/PA application and provide recommendations.

Continuous Quality Improvement Model: Plan, Do, Study, Act (PDSA)



- Defined process for testing a change in the real world setting.
- Used by healthcare organizations, including the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality
- Implementing a PDSA cycle would enable the Commission to influence and incentivize behaviors in healthcare workforce residency and training programs, and throughout California's areas of unmet need.

Preliminary Considerations

Status Quo

- The Commission holds three funding meetings and one policy meeting each year.
- The Commission may take action on items related to application and award processes at any of these four meetings.
 - *Pros:*
 - May support quality improvement.
 - May support responsiveness to feedback about the application and/or award structure.
 - *Cons:*
 - May not fully support the ability to quantify quality improvement.
 - May not fully support consistent application of program criteria.
 - May not fully support equitable distribution of awards.
 - May not fully support ease of administration.

Preliminary Considerations

The options listed below maintain the Commission's right to modify awards during funding meetings.

Options for proposing changes to the application and award processes for all disciplines:

- Option 1: Maintain status quo.
- Option 2: Discuss proposed changes at the annual policy meeting. Use the PDSA model and tools to document the process and ensure a systematic approach to continuous quality improvement.
- Option 3: Limit discussion of proposed changes to every three years at the policy meeting. Use the PDSA model.
- Option 4: Focus discussion on one discipline each year (e.g. PCR in 2020, FNP/PA in 2021, RN in 2022). Use the PDSA model.

Next Steps

- Staff will present formal recommendation for action at the June 2019 policy meeting.
- What additional information would you like to see?